

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573,014

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52		1				
3							53		1				
4		3					54	1					
5		3					55		1				
6		6					56		1				
7		6					57		1				
8		6					58		1				
9		6					59		1				
10		6					60						
11		6					61						
12		6					62						
13		6					63						
14		6					64						
15		6					65						
16	1						66						
17							67						
18		2					68						
19		2					69						
20		6					70						
21		6					71						
22		6					72						
23		6					73						
24	1						74						
25							75						
26		2					76						
27		2					77						
28		6					78						
29		6					79						
30		6					80						
31		6					81						
32		6					82						
33		6					83						
34		6					84						
35	1						85						
36		6					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	22	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	25					